

REMARKS

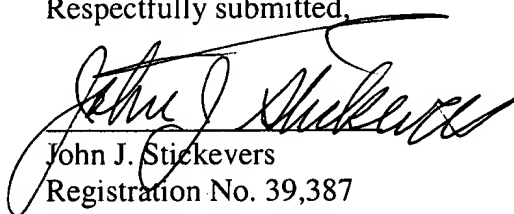
The applicant wishes to thank the Examiner for examining the present application and allowing claims 24-71 and claims 6, 15, and 17-23 if rewritten in independent form including all dependencies. Applicant has cancelled rejected claims 1-5 and 7-14 and has amended claims 6, 15, 17, 18 and 21 putting them in independent form including all dependencies. Applicant has amended claim 16 to depend on allowable claim 15. Claims 19, 20 now depend on allowable claim 18 and claims 22, 23 now depend on allowable claim 21.

It is believed that all of the claim rejections have been addressed and that the application is now in condition for allowance. Reconsideration of the claims and issuance of a notice of allowance are respectfully requested.

If any matter arises which may expedite issuance of a notice of allowance, the Examiner is requested to call the undersigned, at the telephone number given below.

It is believed that a two month extension is required for this application. Please charge deposit account number 19-4972 for the extension fee. If any additional fees are required for the timely consideration of this application, please charge deposit account number 19-4972.

Respectfully submitted,



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